

RECEIVEDUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONJAN 02 2008 *aw*MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTRonald D. GRANGER

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

08CV0039
JUDGE DOW
MAG. JUDGE BROWNCase No. _____
(To be supplied by the Clerk of this Court)Graham C.C. H.C.U. M.D.Shahaville C.C. H.C.U. M.D.Dr. P. Ghosh M.D. McFadden

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

XCOMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION
1983 U.S. Code (state, county, or municipal defendants) COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION),
TITLE 28 SECTION 1331(a) U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: RONALD D. GRANGER
- B. List all aliases: _____
- C. Prisoner identification number: B-24617
- D. Place of present confinement: SHATELVILLE C.C.
- E. Address: P.O. Box 112 Joliet IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: GRAHAM C.C. ~~MD~~ H.C.U. M.D. - DR.
 Title: ~~MD~~ DR. M.D.
 Place of Employment: GRham C.C.
- B. Defendant: SHATELVILLE C.C. H.C.U. DR GHosh + MD McFadden
 Title: ~~MD~~ DR P. GHosh An MD. McFadden
 Place of Employment: SHATELVILLE C.C.
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ()

C. If your answer is YES:

1. What steps did you take?

SEND TO GRIEVANCE OFFICER
SEND TO A.R.B. INMATE ISSUE

2. What was the result?

60 DAYS TIMEFRAME

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

I WAS IN St JOHN HOSPITAL IN SPRINGFIELD
UNDER HEAVY MEDICATION / 60 DAYS TIMEFRAME

D. If your answer is NO, explain why not:

I WAS IN St JOHN
HOSPITAL UNDER I.D.O.C. BY GRAHAM C.C.
UNDER HEAVY MEDICATION / 60 DAYS TIMEFRAME

E. Is the grievance procedure now completed? YES ☒ NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: Court of Claims, Personal Injuries
Case Number 08CC0170 Springfield Ill
- B. Approximate date of filing lawsuit: July 29, 2007
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: RONALD D. GRANGER
- D. List all defendants: I DOC H.C.U. M.D. McAdams
DR GHOSH SHATGZIL C.C.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Court of Claims Springfield Ill 62756
- F. Name of judge to whom case was assigned: Robert Sprague Chief Justice
N. JANN, P. BERUBAUM, R. STEFFEN, D. SHORINO, J. KAPLAN, D. PERC
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still Pending, Assigned to Commissioner
NEAL, DAVID 116 N. Chicago St STE 202 Joliet Il 60432
- H. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

In Aug of 2006 I WAS SENT to
St John Hospital By Graham C.C. H.C.U.
Doctor + M.D. I Stay In St John Hospital
for A Month 1/2 On RETURN to Graham C.C. H.C.U.
I WAS Put on DIALYSIS By Graham C.C. H.C.U.
In Sep 2006 I WAS TRANSFER to STATEVILLE
C.C. ON 7-7-07 I WAS Inform By
STATEVILLE H.C.U. M.D. McFadden An Dr
GHOSH that A ERROR WAS MADE ON ME
By Graham C.C. H.C.U. Dr. An M.D. I WAS
MISDIAGNOSIS By Graham C.C. H.C.U. for
Bad Kidney. ON 7.7.07 I WAS taking
off DIALYSIS By STATEVILLE C.C. H.C.U.
M.D. McFadden An Dr. P. GHOSH. They SAID I
NEVER Needed DIALYSIS. Now I HAVE A
Bad LIVER from the DIALYSIS treatment I
Still HAVE Hole In My Arm. Hole In My Chest
from the DIALYSIS treatment I am A
Disability I make Now.

In Aug 2006 #2 Disciplinary Report WAS
Wrote On Me. I Didnot Have Know
Knowledge of the #2 Disciplinary Ticket. I
WAS IN St John Hospital Change to the
Bed Under Heavy Medication In St John
Hospital In Springfield ILL By Graham C.C
H.C.U.. If I Knew I Had #2 Disciplinary
Report Wrote On Me I Could file ME
GRIEVANCE IN TIMEFRAME. I Lost #1 year 6 month
I Lost My S.M.G.A. S.M.G. Good Time. I WAS Put
IN C GRACK. I WAS Put IN Segregation.
I Didnot HAVE A HEARING ON the #2 Ticket
they GAVE A MAXIMUM TRANSFER to Shotwell C.C.

that Why I Didnot file IN timeframe
60 days

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I AM ASKING TO BE RELEASE SO I CAN
RECEIVE PROPER MEDICAL ATTENTION MY FAMILY
HAVE 100 PERCENT MEDICAL COVERAGE ON ME
OR 500,000 DOLLARS FROM PERSONAL INJURIES
AND PAIN AND SUFFERING.

I declare under penalty of perjury that all facts
given in the complaint are true and correct.

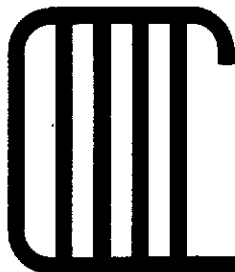
Signed this 24 day of Dec, 2007

Ronald D. Stranger
(Signature of plaintiff or plaintiffs)

B-24617
(I.D. Number)

Stateville C.C. P.O. Box 112
Joliet IL 60434

(Address)



Illinois
Department of
Corrections

Rod R. Blagojevich
Governor

Roger E. Walker, Jr.
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727 -3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: 7-18-07

TO: Granger B24617

FROM: T. Garcia, Corr. Couns. II
Grievance Office

SUBJECT: **ATTACHED GRIEVANCE -**

The attached grievance is being returned for the following reason:

_____ It needs to be rewritten and submitted to your counselor on the attached Committed Person's Grievance Report.

_____ It was not filed within 60 days of discovery of the incident, occurrence, or problem which gives rise to the grievance as required in DR 504F, Grievance Procedures for Committed Persons.

 X Issue needs to be discussed with your counselor for possible resolution.

_____ No issue outlined in grievance.

_____ It appears that no attempt has been made to resolve the issue as required by DR 504F.

_____ Issue is currently being reviewed by _____

_____ Issue previously addressed. No justification for further action.

_____ Other: _____ Forward to Administrative Review Board

cc: file

COMMITTED PERSON'S GRIEVANCE

COMMITTED PERSONS OR ORGANIZATIONS

Date: 7-14-07 Committed Person: RONALD D. GRANGER ID#: B24617
(Please Print)

Present Facility: STATEVILLE C.C. Facility where grievance issue occurred: STATEVILLE C.C.

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ Other spec. _____
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator

☐ Disciplinary Report _____
Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: BACK IN GRAHAM C.C. IN AUGUST 06 I WAS
DIAGNOSED Bad KIDNEY AND WAS PUT ON DIALYSIS. ON 7-7-07
TUTORM BY M.D. McFADEN THAT A ERROR BEEN MAY ON
ME HERE IN STATEVILLE C.C. BY MISDIAGNOSTICS LAB WORK
ALSO M.D. McFADEN TUTORM ME GRAHAM C.C. H.C.U.
MISDIAGNOSTICS ME. DISCONTINUED I NEVER NEEDED
DIALYSIS. ON 7-7-07 I WAS TAKING OFF DIALYSIS BY
M.D. McFADEN. I AM CONSULT ATTORNEY FOR MEDICAL
MALPRACTICE AND MISDIAGNOSTICS LAB WORK AND SURGERY ON MY
ARM AND CHEST

Relief Requested: I AM ASKING FOR 1 Million dollars. OR M.S.R.
ME.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ronald D. GRANGER B24617 7.14.07
Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Granger Ronald B24617
Last Name First Name MI ID#Facility: Stateville☒ Grievance (Local Grievance # (if applicable): 10-1-07) or ☐ CorrespondenceReceived: 11, 9, 07
DateRegarding: Dialysis

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/13/07
Date
- ☐ No justification provided for additional consideration. Required

Other (specify):

The above is provided. But your grievance also fails to cite specifics,Such as dates, when incidents occurred, where etcCompleted by: Sherry Benton

Print Name

Signature

Date

F-02-07

Date: <u>10-1-07</u>	Offender: <u>RONALD GRANGER</u> (Please Print)	ID#: <u>B-24617</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>DIALYSIS</u>	

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I RONALD GRANGER WAS MISDIAGNOSED BY MEDICAL STAFF HERE IN STATEVILLE C.C. THE H.C.U. MADE AN ERROR ON ME. IT COST A DISABILITY IN MY ARM AND LIVER AND KIDNEY. I WAS INFORMED BY THE H.C.U. AND M.D. METADONALIN THAT I NEVER NEEDED DIALYSIS. THE H.C.U. MADE A MISTAKE IN MY LAB WORK. NOW I HAVE A LIVER PROBLEM FROM THE ERROR THAT H.C.U. MADE ON ME.

Relief Requested: I AM ASKING FOR 500,000. DOLLARS OR A INTERVIEW WITH THE A.R.B.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ronald Granger B-24617 10.1.07
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>10/16/07</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Sent to Health care unit to answer</u>	
<u>E.B. Thier</u> Print Counselor's Name	<u>E.B. Thier</u> Counselor's Signature
<u>10/23/07</u> Date of Response	

EMERGENCY REVIEW	
Date Received: <u>1/1</u>	Is this determined to be of an emergency nature?
RECEIVED NOV - 9 2007	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
	Chief Administrative Officer's Signature _____ Date: _____

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 INTERNAL ISSUES

Page 1

DOC 0048 (Rev. 3/2005)

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